

	DLN
FORM	
575	
REV. 10-2003)	

TERMINAL										
NAME OF TERMINAL					MONTH/YEAR		CHECK HE IF AMENDE REPORT			
LOCATION OF TERMINAL					TERMINAL CODE					
CITY					STATE		ZIP	ZIP		
OPERATOR										
COMPANY NAME				LICENSE NUMBER	FEIN					
STREET ADDRESS				РО ВОХ		CITY				
STATE ZIP				TELEPHONE NUMBER			FAX NUMBER			
TRANSACTION										
TRANSACTION FOR THE MONTH	COLUMN A GASOLINE	COLUMN B ALCOHOL	COLUMN C GASOHOL		COLUMN E UNDYED DIESE KEROSENE	L& DYED	UMN F DIESEL & DSENE	COLUMN ( JET FUEL		
Beginning Inventory (Previous month's ending inventory)										
Total Receipts (From Terminal Receipts Schedule TR plus 2X)										
3. Total Gallons Available (Line 1 plus Line 2)										
Total Disbursements (From Terminal Disbursement Schedule TD plus 6X)										
5. Gallons Available (Line 3 minus Line 4)										
6. Stock Gains & Losses (+ or -)										
7. Actual Ending Inventory										
I do hereby certify under penalty of perjury of all transactions from the best information		oing and attach	ed reports are	e a true and correct s	statement to the	best of my kr	owledge a	nd is a comple	ete and full presentation	
PRINT NAME			SIGNATURE		TITLE			DATE		
Mail report and payment to: Missouri Departmen	nt of Revenue. Di	vision of Taxation	and Collection	. P.O. Box 300. Jeffers	on City, MO 6510	5-0300.				

## INSTRUCTIONS FOR TERMINAL OPERATOR REPORT

## LINE NUMBER:

- 1. Enter beginning inventory stored in the terminal for the first day of the month (ending inventory from previous month's report).
- 2. Enter the total gallons of fuel received for the month (total from Terminal Receipts Schedule TR and 2X).
- 3. Total gallons available (add Lines 1 and 2).
- 4. Enter the total gallons of fuel disbursed for the month (total from Terminal Disbursement Schedule TD and 6X).
- 5. Gallons available (Line 3 minus Line 4).
- 6. Enter the stock loss and/or gain if applicable for the month. If the amount of the stock loss and/or gain exceeds one half of one percent of the number of net gallons received, attach documentation to the report.
- 7. Actual ending inventory balance in the terminal (Line 5 adjusted by Line 6).

If you have questions or need assistance in completing this form, please call (573) 751-2611 or e-mail excise@dor.mo.gov. You may also access the department's web site at www.dor.mo.gov/tax/business/excise/fuel/forms/ to obtain this form.